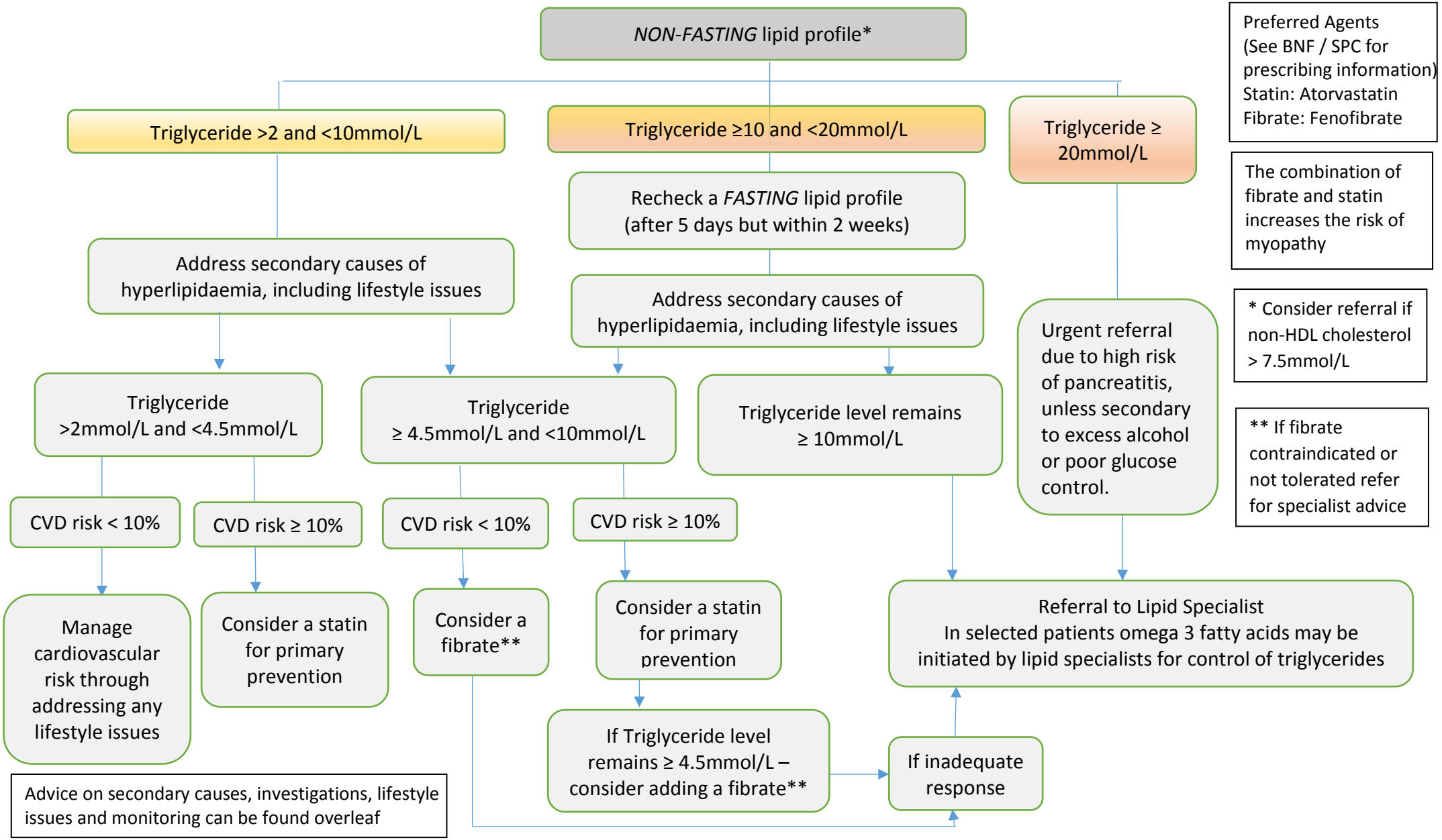
Guidance for the Management of Hypertriglyceridaemia



South East London Area Prescribing Committee. A partnership between NHS organisations in South East London: Bexley/ Bromley/ Greenwich/ Lambeth/ Lewisham & Southwark Clinical Commissioning Groups (CCGs) & GSTFT/KCH/SLAM/Oxleas NHS Foundation Trusts & Lewisham & Greenwich NHS Trust

Secondary Causes Address secondary causes where possible: • Poorly controlled diabetes • Hypothyroidism • Excessive alcohol consumption • Acute / chronic liver disease • Chronic kidney disease • Obesity • Smoking	**Investigations** • Urine dipstick (nephrotic syndrome) • Blood tests: o Lipid profile (total cholesterol, HDL, non-HDL and triglycerides) o Fasting glucose or HbA1c o Renal function o Liver function (LFTs) o Thyroid function tests (TFTs) o Baseline Creatine kinase (CK) if considering starting a fibrate in combination with statin therapy (see below)
Lifestyle Issues • Weight loss to reduce waist circumference and BMI if appropriate • Increased physical activity • Modify diet: reduce intake of total calories, fat and carbohydrate, restrict sugary foods such as fruit juices, carbonated drinks, biscuits and cakes • Aim to consume two portions of fish per week, including one portion of oily fish • People with very high triglycerides (>10mmol/L) may benefit from the specialist advice of a dietician regarding a very low fat diet • Smoking cessation advice to reduce overall CV risk (smoking also increases triglyceride levels) • Moderation of alcohol consumption	**Monitoring Fibrate therapy** • Recheck lipid levels within 3 months of initiation, aiming for a triglyceride level < 4.5mmol/L • Check serum creatinine at baseline, within 3 months of initiation of treatment and at least annually thereafter (more frequently if clinical indicated). Treatment should be interrupted in case of an increase in creatinine levels > 50% ULN (upper limit of normal). Dose reduction should be considered if renal function declines in line with the SPC / BNF • Monitor liver transaminase levels every 3 months during the first 12 months of treatment and thereafter periodically. Discontinue therapy if AST (SGOT) or ALT (SGPT) levels increase to more than 3x ULN. If symptoms indicative of hepatitis occur (e.g. jaundice, pruritus), and diagnosis is confirmed by laboratory testing, fenofibrate therapy should be discontinued • **Routine CK monitoring for asymptomatic individuals is not recommended. CK should be measured during treatment when clinically indicated.** Baseline CK should be checked in those who may already be taking a medicine that will increase the risk of myopathy when used concomitantly with fibrate, such as statin therapy. In patients with muscle weakness or pain, CK should be measured to assess severity of muscle damage and aid the decision to continue treatment (See South London guidance on prescribing of statins for full details)

Patient information resources on triglycerides are available from heart UK and healthcare professionals may find useful.

For information on prescribing statins see:

- South London Lipid Management for the Primary and Secondary Prevention of Cardiovascular Disease (CVD) in Adults
- South London Guidance on Prescribing Statins

Reference

NICE Clinical Guideline CG 181 (2014) Cardiovascular disease: risk assessment and reduction, including lipid modification. https://www.nice.org.uk/guidance/cg181